

3M Office of Intellectual Property Counsel

PO Box 33427 St. Paul, Minnesota 55133-3427 612/733 1500

PATENT Docket No.

47958USA 1/A

Amendment Transmittal Letter

AUG 1 0 1994

Commissioner of Patents and Trademarks Washington, D.C. 20231

GROUP 2500

Re: Application of ROGER H. APPELDORN, ALAN HULME-LOWE, and

MICHAEL LEA

Application No. 07/963,056

Group Art Unit:

2501

Filed

October 19, 1992

Examiner:

J. Lee

For

ILLUMINATION DEVICES AND OPTICAL FIBRES

FOR USE THEREIN

Enclosed is an amendment in the above-identified application. The fee for this amendment is computed as follows:

Claims As Amended							
	(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
	Total Claims	23	Minus	20	= 3	X \$22	= \$66.00
	Indep. Claims	* 3	Minus	3	=	X \$74	=
	Additional fee for filing one or more multiple dependent claims, if no such fee has been previously paid					\$230	
	Total Additional Fee For This Amendment					\$66.00	

^{*}If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

- Enclosed is \$66.00 Please charge any additional fees or credit any overpayment to Deposit Account No. 13-3723.
- If, including in addition to any extension of time specifically requested (if any) in the enclosed paper(s), an extension of time under 37 C.F.R. 1.136(a) is necessary for this amendment to be timely filed, such extension is hereby requested and the Commissioner is hereby authorized to charge the appropriate fee to the aforementioned Deposit Account.

Registration Number Telephone Number 30,035 612-733-3379 Date July 26, 1994

Respectfully submitted Signature Stephen W. Buckingham

Certificate of First Class Mailing

Under 37 CFR 1.8 I certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the date noted below.

Signature Stephen W. Buckingham

Date of Deposit

July 26, 1994

Form 10989 - N - PWO Rev. 9/18/92

[&]quot;If the "Highest No. Previously Paid For" in this space would be less than 20, write "20" in this space. "If the "Highest No. Previously Paid For" in this space would be less than 3, write "3" in this space.